510(k) Summary of Safety and Effectiveness ArthroCare, Corporation ENTec® ReFlexTM Wand

General Information

Manufacturer: ArthroCare, Corporation

595 North Pastoria Avenue Sunnyvale, CA 94086-2916

Establishment Registration Number: 2951580

Contact Person: Bruce Prothro

Vice President, Regulatory Affairs and

Quality Assurance

Date Prepared: April 14, 2000

Device Description

Classification Name: Electrosurgical Cutting and Coagulation Device and

Accessories (21 CFR 878.4400)

Trade Name: ENTec® ReFlexTM Wand

Generic/Common Name: Electrosurgical Device and Accessories

Predicate Devices

ENTec ReFlex Wand K000036 ENTec Surgery System K973478 Somnus Somnoplasty™ System K973618 Ellman Surgitron IEC K990146

Intended Use

The ENTec ReFlex Wand is intended to be used with the ENTec Surgery System for ablation and coagulation of soft tissue in otolaryngological (ENT) procedures, including the treatment of snoring, nasal airway obstruction by reduction of hypertrophic nasal turbinates, and submucosal tissue shrinkage.

Product Description

The ENTec ReFlex Wand is a bipolar electrosurgery probe, which is used in conjunction with the ENTec Surgery System.

Substantial Equivalence

In establishing substantial equivalence to the predicate devices, ArthroCare compared the indications for use, materials, product specifications and energy requirements of the electrosurgical probes as well as for the entire systems. Additionally, performance testing has been completed to demonstrate the substantial equivalence of the ENTec ReFlex Wand to the predicate devices. The performance testing and device comparison demonstrated that the subject device is substantially equivalent to the predicate devices, and is safe and effective for its intended use.



MAY - 3 2000

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. Bruce Prothro Vice President, Regulatory Affairs and Quality Assurance ArthroCare Corporation 595 North Pastoria Avenue Sunnyvale, California 94086-2916

Re: K000778

Trade Name: ENTecTM ReflexTM Wand

Regulatory Class: II Product Code: GEI Dated: March 8, 2000 Received: March 10, 2000

Dear Mr. Prothro:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Indications Statement

Device Name: 510(k) Number:	ENTec® ReFlex K000778	TM Wand	
Indications for use:			
The ENTec ReFlex Wand is intended to be used with the ENTec Surgery System for ablation and coagulation of soft tissue in otolaryngological (ENT) procedures, including the treatment of snoring, nasal airway obstruction by reduction of hypertrophic nasal turbinates, and submucosal tissue shrinkage.			
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Concurrence of CDRH, Office of Device Evaluation (ODE)			
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Prescription Use	X	OR	Over-the-Counter Use

(Per 21 CFR 801.109)